

# TOWN OF ISLIP



## OFFICE OF THE TOWN CLERK

**REGINA V. DUFFY**  
TOWN CLERK & REGISTRAR

### Taxi Business License Application

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

*List below name and resident address of all officers, partners,  
directors and stockholders (if there be any other than that of the applicant)*

\_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Application Date: \_\_\_\_\_ Business License#: \_\_\_\_\_